

Foster Grandparent Program Timesheet

Please scan and return by email to:

NAME:

MONTH:

2023 **COUNTY:** _____

	Date	Volunteer Hours \$4.00/hr	Training Hours \$4.00/hr	Holiday Hours \$4.00/hr	Leave Time \$4.00/hr	Admin. Leave \$4.00/hr	Important Dates and Communication	Free School Lunch	Meals Home \$1.50 (if free school lunch not provided)	Mileage \$.44	FOR OFFICE USE ONLY
M											VOLUNTEER HOURS _____
T											TRAINING HOURS _____
W											HOLIDAY HOURS _____
Th											LEAVE TIME _____
F											ADMIN LEAVE _____
M											TOTAL HOURS _____
T											STIPEND PAY _____
W											IN-KIND MEALS _____
Th											MEAL REIMBURSEMENT _____
F											MEAL PAY _____
M											MILEAGE _____
T											MILEAGE PAY _____
W											TOTAL AMOUNT _____
Th											
F											
M											
T											Foster Grandparent _____ Date _____
W											
Th											
F											Station Representative _____ Date _____
M											
T											FGP Staff _____ Date _____
W											
Th											
F											
Totals							Please don't fill in totals				

By signing I certify that this statement, and the amount claimed are true, correct and complete to the best of my knowledge. If claiming mileage, I certify that I possessed a valid driver's license and that liability insurance in the amount required by law was in force at the time of this travel.

